

| | | |
|------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------|
| REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS | Patent Number | 6,767,470 B2 |
| | Issue Date | July 27, 2004 |
| | First Named Inventor | Carl E. Iverson |
| | Art Unit | 1724 |
| | Examiner Name | Peter A. Hruskoci |
| | Attorney Docket Number | 200179.404 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners at Seed IP Law Group PLLC, Customer Number: **00500**

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number **00500**

OR

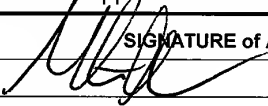
| | | | | | |
|--------------------------------------------------|--|-------|--|-----|--|
| <input type="checkbox"/> Firm or Individual Name | | | | | |
| Address | | | | | |
| City | | State | | Zip | |
| Country | | | | | |
| Telephone | | Email | | | |

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

☒ As assignee of record of the entire interest I/we hereby elect, under 37 CFR 3.71, to prosecute the application to the exclusion of the inventor(s).

| | | |
|----------------------------------------------|-------------------------------------------------------------------------------------|------|
| SIGNATURE of Applicant or Assignee of Record | | |
| Signature |  | Date |
| Name | Carl E. Iverson | |
| Title and Company (Assignee) | Chairman CH ₂ O Incorporated | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

1361917_1.DOC